

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Emergency Pregnancy

Dates: 10/01/2016 - 12/31/2016

Grantee Name: Services of Minneapolis

Vendor#0000285535

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	0	14	23	12	8	5

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
6	5	8	43	0	

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
21	38	3

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
9	38	2	3	0	9	1

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
6	43	13

6. Client Type:

Mother	Father	Grandparent	Other
62			